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A CASE OF HEPATIC ABSCESS, WHICH DISCHARGED PUS AT
THREE POINTS.

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IN looking over the medical literature of the day, one is struck by the number of cases of strange or wonderful disease—of recovery from wounds apparently inmedicable, or diseases of the most hopeless character—and a doubt may sometimes arise whether such things can be so. But the physician of extensive experience or reading has been taught that, in our profession, "Truth is strange—stranger than fiction."

The following case, if I am not mistaken, will be considered remarkable. If there is another on record precisely like it, I have not been able to find the history of it, and I have looked diligently through all the medical books within my reach. It occurred in the Grand Prairie, St. Landry Parish, Louisiana, in the practice of Dr. James M. Murph, of Washington, near Opelousas.

Stephen Bundick, aged 33 years, large and well formed, a blacksmith by trade, health generally good, but occasionally interrupted by attacks of intermittent fever, and pain in the right hypochondrium, which latter symptom was increased by hard labor. On the 23d of February, 1843, he was attacked by severe pain in the region of the liver, which yielded to venesection and cathartic medicine. The pain returned next day with its former violence; the same remedial agents were again employed, but the bleeding was not carried to a sufficient extent, as the pain was only slightly moderated, and continued, in spite of free catharsis, up to the morning of the 3d of March, when the pain suddenly diminished, leaving a dull, heavy pain, as he styled it. This was regarded as a favorable crisis, and he and his family looked with hope to a speedy restoration of health. The scene, however, soon changed; his extremities became cold, and a clammy perspiration bedewed his body. By employing stimulants and rubefacients a slight degree of warmth was restored, but he still continued to sink, becoming partially comatose, with difficult, laborious respiration; and in the afternoon what was regarded as the ominous death-rattle added to the other symptoms its unwelcome sound. It was at this late stage of the case that Dr. Murph was called in. The hands and feet of the patient were very cold; eyes, though dull, still indicated consciousness and apprehension, as he gazed in his physician's counte-

nance. Pulse small, soft, and threadlike, so much so as to be scarcely perceptible; tongue moist, clean at the tip and edges, brown and fissured in the centre and at the base; dull pain in the right side; slight tenderness in the epigastrium; spleen and liver both considerably enlarged; intestines had been emptied by free purgation. Stimulants were now given freely, and frictions and mustard sinapisms applied to the extremities, followed by vesicatories. Scarified cups to right side of thorax, after which, ung. tart. ant. was rubbed on the scarified places, and a large vesicatory was applied to right hypochondrium. He was revived by the stimulants, and by turning him on the right side the mucus was dislodged from the trachea, and his respiration became more easy. Left powders of submur. hydrarg., sulph. quinine and gum camphor, to be administered every three hours, and assisted, if necessary, by enema.

March 4th. Pulse fuller; skin more natural in warmth and color; blisters drew well; expectoration more easy and free; medicine acted rather too much. Continued same powders, with the addition of morphia.

5th, 6th and 7th.—Visited him regularly, and his amendment was progressive and marked. Pustules from ung. tart. ant.; blistered surfaces secreting and bowels soluble; appetite returning. There is still a disinclination to lying on the left side, and occasionally an obtuse pain in right side. Giving general directions, visits were discontinued. Saw him again on the 27th March, at which time he was expectorating pus freely; stated that he had discharged an immense quantity of purulent matter by vomiting. Troubled with copious night sweats, preceded by slight febrile exacerbation. In three weeks more he was again *working at his trade*. The disease, however, was not eradicated.

On the 27th May medical assistance was again demanded, when he was found in a worse condition than before; very feeble and emaciated, with the liver so much enlarged as to fill nearly two thirds of the abdomen, obstructing, materially, the operation of the medicine. There was a painful tumor above the umbilicus, and one below, to the right side, or in the right lumbar region, both of which indicated the incipient formation of abscesses. In spite of a rigid antiphlogistic treatment, and every effort to arrest the formation of pus, it was evident on the first of June, three days after, that this had taken place. Next day, upon examining the alvine dejections, it was discovered that they consisted almost exclusively of green pus. The points of the tumors were sunk, flaccid, and without any fluctuation. In a few days the tumors, or abscesses, were again full and doughy. At the solicitation of the family, and by the advice of Dr. Tatman, and my friend, Dr. George Hill, of Opelousas, an opening was made through the abdominal parietes, and a quantity of fetid gas rushed out, allowing the abdomen to sink down into a flaccid condition. In a few days pus was discharged at the incision in considerable quantities; the orifice had no disposition to close, although the lips were brought in apposition by adhesive straps. Although he discharged pus by expectoration and per anum, yet this was the greatest outlet, and in the course of two weeks the matter ceased entirely to pass by either of the openings, notwithstanding his body was placed in several different

postures. The quantity of pus at this time was small; the opening was healthy, and there was such a favorable general condition of the patient, that hopes were entertained of a final recovery. At this stage of the case his attendant, Dr. Murph, was taken very ill, and saw him no more.

From exposure, imprudence and neglect, as I am credibly informed by Dr. Tatman, and also the too free use of mercury, after the illness of his physician, a deplorable condition was brought on. Severe salivation, gangrene of the external orifice, general prostration, and wreck of the whole system supervened, and he died about the last of July, 1843, in a most loathsome condition. Dr. T. was called to see him, but it was too late—he was moribund when he saw him. I am extremely sorry to say, that owing to the peculiarly unpleasant situation of the cadaver, and the great press of other cases, there was not a *post-mortem* examination. And, in fact, in this particular the physicians of the South and West are culpably negligent in prosecuting these examinations. I hope, however, that a change is taking place, both in the medical gentlemen and the community, as regards autopsies.

On reviewing this remarkable case, there are many thoughts suggested to the mind, and many points of inquiry. Is it likely that he would have recovered from the first severe attack, if medical assistance had not been employed? My own impression is that he would not. The remedies employed to revive him, and the great mental adjuvant, of faith in his physician, brought him through.

It is singular that an inflammation of the liver should have occurred at that season of the year, and more especially of last year, when the winter was so very cold and protracted. Is it likely that there was a slow, chronic lesion transpiring in that organ, the cause of the pain in the right hypochondrium, which was increased by hard labor?

I am of opinion that there were, in truth, *four* different points of exit to the pus; for on the 27th March he was found expectorating pus, and had vomited a great quantity; here, then, were two. Subsequently he discharged green pus per anum, and then the external opening was made. It may be contended that the pus which was discharged by vomiting and per anum entered the alimentary canal at the same point. If it entered the stomach or duodenum, it could scarcely have passed the entire length of the intestinal tube in such an unmixed and pure condition as it was found to be; and if it entered at any point below the duodenum, could it have been discharged by emesis? My opinion is, that it was discharged into the stomach, and also into the colon.

A case somewhat similar, except that it was more rapid in its progress, is to be found in Dr. James Johnson's treatise on the Diseases of Tropical Climates. On *post-obit* search, he says, "the liver was found one entire mass of suppuration and disease. I passed my hand from it into the stomach, to which it adhered, and through which an abscess had burst. Another adhesion had formed between the liver and the transverse arch of the colon, through which was an exit also for the matter."

A similar case, with a better result, occurred in the practice of Dr. Colledge, at Macao, China, recorded in Dr. Bell's Eclectic Journal of

Medicine, for January, 1839. He first discharged the pus through the colon downwards, and afterwards through the lungs. He finally recovered.

I am inclined to think that Mr. Bundick would have recovered, if proper professional aid had been rendered after his first medical attendant was taken sick. The case should teach us never to despair, but under circumstances the most unpromising to ply our measures to the last. Few cases can occur where less is promised than was afforded by this at one time, and yet the recovery was so far completed, that the patient was able to resume his laborious trade. It is greatly to be regretted that he did not receive in his relapse the same judicious treatment which attended his first illness. The omission of the autopsy is one which I also very much regret.—*Western Journal of Medicine and Surgery.*

RANULA.—ABSCESS OF THE PAROTID GLAND.

From Sir B. C. Brodie's Lectures at St. George's Hospital.

I SHALL take this opportunity of speaking to you of another disease which corresponds to the one I have just mentioned. It occurs under the tongue, and it is principally among the out-patients that you will meet with it. It is called "ranula." If you lift up the tongue you will find a tumor as large as a horse bean, and this soon becomes larger; examine it with your fingers, and you will find it contains fluid; these tumors produce very considerable inconvenience. Well, you puncture it with your lancet; out comes half an ounce of fluid, and your patient immediately tells you he is well, and can move his tongue again as freely as ever; he is well perhaps for a week, but by-and-by the tumor returns, and he comes to you again; but why does he return? because the opening has closed, and the fluid collects again of course. What is this tumor? It appears to be in the duct of the submaxillary gland. The orifice is stopped up, but the gland goes on secreting; the secretion is lodged in the duct, which gradually dilates so as to form a bag, just as when an impediment occurs to the flow of urine down the ureter, it will dilate to the size of the small intestine. I have seen the urethra dilate in the same way, making a large membranous pouch in the perineum. You cannot apply the same remedy here as in the labial glands, because extirpating this tumor would be worse than doing nothing at all. From the number of small glands in the lip you can extirpate one with impunity, but not so with the submaxillary gland. What you have to do here is to make a permanent opening in the duct; this I have done by making a small incision, then introducing the forceps and cutting out a circular piece. At other times I have run a seton through and left it there. I have also had a metallic or wire ring made, and kept it open in this way; at other times I have destroyed a portion with the caustic potash. But there is not one of these methods which has not disappointed me; I have even removed half the bag; it has taken a long time to close, and I thought I had effected a cure; but in three or four months it has closed and the tumor

has returned. I have run a seton through, composed of several silk threads; then I have fastened them to the cheek with sticking plaster, and the saliva has run out by them; I have made the patient wear this several days, but on its removal the part closes. The best way seems to be letting the seton ulcerate out, and then there is a chance of its remaining fistulous. There is this advantage in employing a metallic wire for your seton, viz., that it does not irritate so much as silk, and it is said there is more chance of the opening remaining pervious. After all, I think the best way is to allow a seton to remain in a few days, then remove it, and teach the patient to introduce a probe daily; this he will soon learn to do if he is an intelligent person; this will act precisely as in stricture of the urethra, where the patient is taught to pass a bougie. It is a remarkable circumstance, that I never saw the duct of the parotid gland so affected, and I suppose this to arise from its great width. I have seen fistulous openings and the saliva escaping externally; but this is widely different from the affection of the submaxillary gland, of which we have been speaking.

Now that we are upon this subject, I shall make some remarks on *abscesses of the parotid gland*. These sometimes, after a very short time, heal readily; but at other times they will not, in consequence of the continued escape of the saliva externally. At a meal this occurs in great quantity, and, of course, produces very great inconvenience. Some have said that half a teacupful may flow out on these occasions, but this is evidently an exaggeration. The cure of this affection is performed without trouble. The abscess will go on healing till it leaves a very small opening; this you are to touch every day with nitrate of silver, and as it contracts, the saliva will find its way by another passage; but every now and then this is insufficient. In these cases introduce a probe by the external opening to the gland; then pass it carefully on till you feel it inside the cheek, where you will have nothing but mucous membrane between it and your finger; having done this, you are to puncture the mucous membrane and pass the end of the probe into the mouth (an eyed probe should be employed); you will then have one end inside and the other outside the cheek. Then arm the eye of the probe with silk and draw it through, remove the probe and allow the silk to remain in. Then, at the external end of the silk, make a large knot and bring it to the mouth of the wound; this will prevent the saliva flowing externally, whilst the thread directs it into the mouth. Keep this in, till the inner opening is well established, which generally requires about a fortnight or three weeks; then remove it and touch the external opening daily till it closes. I don't know whether the internal opening always remains pervious; but certainly the saliva finds its way through some internal canal.—*London Medical Times.*

LEPER HOSPITAL OF MEXICO.

From Kendall's Narrative of the Texan Santa Fe Expedition.

THE room in which the men afflicted with the leprosy are confined is nearly three hundred feet in length, by about thirty-five in width. The windows are large and numerous, admitting a sufficiency of air during the heat of the day, and are all grated. At first I could see no reason why the windows of a hospital were grated; but afterwards learned that when a person is known to be a *lazarino*, or leper, he is at once taken to San Lazaro, and there confined as a kind of prisoner until liberated by death—for I believe that none ever recover from the horrible disease. At the time when we were confined in the Hospital the male department contained some fifty or sixty inmates, while in the female part of the establishment, which was in another building, there was a still greater number.

I feel not a little reluctant to attempt a picture of the unfortunate wretches who inhabit San Lazaro. The disease with which they are afflicted is unknown in Anglo-Saxon countries, or if there are any cases they are very rare. Other than those afflicted with the leprosy there were no occupants of the Hospital until our arrival, and the reason assigned by the Mexican government for confining us there was said to be that we had a contagious disease among us. The appearance of the unfortunate lepers is loathsome and hideous to a degree that beggars description. It makes its first appearance by scaly eruptions on different parts of the face and body of the victim, and these eruptions are never perfectly healed. The limbs of many, and more especially the hands, at first appear to be drawn and twisted out of all shape. Gradually the nose and parts of the feet are carried away, while the features become distorted and hideous. The voice assumes, at times, a husky and unnatural tone, and again the doomed patient is unable to articulate except in a shrill, piping treble. With many, when near the last stages, all powers of speech are lost, and vainly do they endeavor to make known their wants by sounds, which belong not to this earth of ours. Death steps in at last to relieve the poor creatures of their sufferings, and to them at least it would seem that the visit of the grim tyrant must be welcome.

Whether the leprosy of Mexico is contagious, I am unable to say. With many I have little doubt that it is to a degree constitutional—being, in fact, hereditary, and perhaps never entirely eradicated from the blood. The climate may have some effect in engendering and keeping alive the disease, but of this, too, I am uncertain. The common belief among the lower classes is, that it is communicated by contact; and indeed I am inclined to think that the only risk a person runs of taking it is from touching the person of one afflicted with it in its worst stages. The families and friends of the *lazarinos* would frequently visit them, bringing many little luxuries to add to their comfort. They would sit and converse with them, too, for hours, apparently regardless of danger; but for myself, I took particular care not to come in too close contact with the unfortunate lepers.

Notwithstanding their lot would seem to be most melancholy, as a body they appeared well to enjoy themselves. Afterward, and while confined among them for some two months, I had every opportunity to observe them closely; and one who has had no such opportunity can hardly imagine how much happiness and hilarity prevail among beings doomed to a lingering but certain death. Many of them were continually playing at draughts or cards, taking the most intense interest in the games. On many occasions I saw parties of four engaged at cards, who had not a single nose or entire finger among them; and any little success of one of them would be hailed with every demonstration of delight. Their dexterity, too, in shuffling and dealing cards, when bereft of fingers, was astonishing. Many of them were musicians, performing on both the harp and mandolin, and after nightfall they usually had a dance among themselves. Frequently they were visited by some of the female inmates of the Hospital, who would join their merry-makings. To describe one of their dances were impossible. A set of them would take the floor, composed of one or more couples. Some of the dancers were upon crutches, and almost all were in some way lame or disabled. The music would strike up, and then would follow some monotonous Mexican dance, accompanied by singing from voices which were excruciatingly harsh and discordant. The weird sisters around the magic caldron never made a more grotesque or frightful appearance than did these lepers, and had Macbeth encountered the latter upon the heath he would have run outright, without even exchanging a word of parley. The wretched inmates of the Hospital enjoyed themselves, however, at these dances, and but that their loud laughter was grating and discordant, it would have sounded joyous enough. The true feelings of merriment were there, but no midnight revel of witches or hobgoblins, or of the misshapen dwarfs romancers have created, could compare with the horrible manifestations of mirth that fell upon our ears, or could in any way shadow forth the strange orgies we frequently beheld within the gloomy walls of San Lazaro.

If all the Mexican inmates of San Lazaro were afflicted with leprosy, and we are told that such was the case, there must be three or four different species of the disease. The faces of some of the leprosinos were covered with blotches and eruptions, while their hands and feet were unmarked. Others, again, had complexions exceedingly fair and unblemished, yet their feet and hands were distorted or decayed. Some of the victims of the dreadful scourge were covered, from head to foot, with sores and ulcers hideous to look at—and then there were two or three cases where the patients presented no other marks of disease than the loss of a nose. But the most singular case of all was that of the old Spaniard—I think he was a Spaniard—whom I have previously mentioned as continually smoking his cigarritos. His flesh appeared to be entirely gone—dried up—his skin turned to a bluish purple—and his whole appearance was so strangely changed and distorted, that he more resembled an animated mummy than aught else I can compare him to. His senses he still retained, while his actions and conversation convinced us that he was a well-informed and gentlemanly man.

OFFICIAL AND OTHER SYNONIMS OF TOBACCO.

By S. J. W. Tabor, M.D., Shelburne Falls, Ms.

[Communicated for the Boston Medical and Surgical Journal.]

It was in the year 1492, during the first voyage of the celebrated Genoese adventurer, that dazzled with visions of gold and silver, and in the expectation of loading his three caravels with rare exotics, spices and diamonds, he landed on the Island of Cuba. There, on the first of November, he despatched into the interior two ambassadors, the one a Spaniard, Rodrigo de Jerez, and the other an Israelite, Luis de Torres,* familiar with Chaldaic and Arabic, which languages, however, he found of no service in addressing the aborigines of Cuba. These men returned to Columbus, from what he considered an unavailing tour, on the sixth of November.† It was on their way back that they witnessed the natives performing a ceremony to them unaccountable, and, as their apprehensions probably whispered, magical. They saw them roll dried herbs together, light the same at one end with fire-brands, which they held for the purpose in their hands, and putting the other end in their mouths, draw in the smoke and puff it out again like so many demons. Don Fernando Colon records this circumstance in the life he wrote of Christopher Columbus, his father.‡ Don Fernando was evidently not correctly conversant with the custom of which he speaks, as is plain from a literal translation of some of his words concerning it, where he tells us many of the people of Cuba "always bore a lighted fire-brand, to light, fire, and perfume themselves with certain herbs, which they carried along with them." Tobacco, it is true, is not mentioned by name, but there can be no doubt it was none other than itself that was commemorated. The surprise of the ambassadors, as we may well suppose, was extreme, and not unmixed with fear, for never before, in all their travels, had they beheld a practice so strange, so loathsome, and, as they considered it, so dangerous. Yet this very habit were the Spaniards destined to be the first Europeans to adopt, for there did European eyes first witness the clouds of smoke that arise from the fumigation of tobacco. This was the weed, the use of which struck de Torres and de Jerez with so much astonishment, and which, in the language of Washington Irving,§ "the ingenious caprice of man has since converted into a universal luxury, in defiance of the opposition of the senses."

Tobacco is a native of America, and was thus discovered. Its use was universal among the aborigines, from the Canadas to Brazil, and it had different designations in different localities and countries. In Virginia, which was afterwards so celebrated for its production, the Indians styled it *uppowoc*, as we are informed by Thomas Harriot. This gentleman, who was an ingenious scholar and an excellent mathematician, having in-

* Navarrete's *Primer Viage de Colon*, tom. i., p. 51. Madrid, 1826.

† Las Casas's *Histor. Ind.*, lib. i. cap. xlvii., p. 327. Madrid, 1753.

‡ *Histor. del Almirante*, cap. xxvii., in Barcia's *Historia de los Primitivos de las Indias Occidentales*, tom. i., p. 24. Madrid, 1749, fol.

§ *A History of the Life and Voyages of Christopher Columbus*, Vol. I., b. iv., c. iv., p. 179. New York, 1828.

vented a system of notation in modern algebra,* sailed with Sir Richard Greenville in the vessels sent on Sir Walter Raleigh's third expedition to Virginia, and wrote an account of the voyage, which was published soon after. He says,† when speaking of the plants in the country he visited: "There is an herbe which is sowed apart by itselfe, and is called by the inhabitants vppowoc: in the West Indies it has diuers names according to the seuerall places and countreys where it groweth and is vsed; the Spanyards generally call it Tabacco." The original inhabitants of the south-eastern West India isles called it *yoli*, and those of the neighboring continent termed it *pæturn*,‡ the latter title being the one by which it first became known among Europeans. Afterwards the English discarded this name for that of *tobacco*, imitating, or rather adopting, the designation of the Spaniards. Concerning this name much and very general error exists in the republic of letters, and by being copied from one writer by another without inquiry, it has been continued and diffused. Rapin says tobacco received its name "from Tobago, one of the Carribbee islands, where it plentifully grows."§ Richardson tells us it was so called "from an island in the West Indies, where it was found in abundance by the Spaniards."|| Webster says the word came "from *Tabaco*, a province of Yucatan in Spanish America, where it was first found by the Spaniards."¶ A French work, which aims at great exactness, speaks in the same manner.** The author of *The Smoker's, Chewer's, and Snuff-Taker's Companion*,†† repeats the assertion, and even Loudon, in his excellent *Encyclopædia of Agriculture*,‡‡ like the author just mentioned, speaks of the popular name of tobacco being derived "from the island of Tobacco in the Gulph of Mexico!" This opinion, though so often expressed, is entirely incorrect, and is one of those errors arising from similarity of sound, into which etymologists and antiquarians so frequently fall, and which has in some instances been so ridiculously exemplified in the writings of persons seeking to find Hebrew and Phœnician roots in the dialects and languages of our aborigines.

The first discovery of the use of tobacco, as we have said, really took place as early as the very first voyage of Columbus, and on the island of Cuba, Tabasco, whether the province adjoining Yucatan, or the island at the mouth of the river Grijalon, not then being known. The word tobacco owes its origin to the island of St. Domingo, where the plant is indigenous, and was known from time immemorial to the natives. These islanders, according to Father Charlevoix,§§ called it *cohiba*, and the pipe with which they smoked it *tabaco*. Humboldt likewise confirms the

* Stith's History of Virginia, p. 20. Playfair's Dissertation, p. 1, s. 1.

† Navigations, Voyages and Discoveries of the English Nation, collected by Hakluyt, Vol. III., p. 330. London, 1810, 4to.

‡ Nic. Gavellus's Storia Distinta, e Curiosa del Tabacco, &c., p. 203. Pesaro, 1758, 8vo.

§ The History of England, as well Ecclesiastical as Civil, &c., Vol. II., p. 123, n. 5.

¶ A New Dictionary of the English Language, Vol. II., p. 1942. London, 1839, 4to.

** An American Dictionary of the English Language, &c., Vol. II.

†† "Cette plante (Tabac), acre et caustique, trouvée en 1520! près de Tobasco dans le Golfe du Mexique." Précis sur l'Amérique, p. 116.

‡‡ Philadelphia, 1841, p. 14.

§§ London, 1831, p. 336.

§§ Histoire de l'Île Espagnole ou de S. Domingue, tom. i., p. 54. Amsterdam, 1733.

assertion.* By the Mexicans it was called *yeltl*, and Garcillasso de la Vega, in his *Royal Commentaries of Peru*, says it was known among the natives of that country by the name of *sayri*.† The Spaniards were then possessors of all these countries, holding them by virtue of discovery, and by a bull of Pope Alexander VI., wherein the assignment was made "with the plenitude of apostolic power, by the authority of God Omnipotent granted to him through blessed Peter, and of the vicarship of Jesus Christ which he exercises upon earth."§ They adopted the Haytian word *tabaco* to designate the new weed, applying it to the vegetable instead of the pipe. Although the herb had before been called *pæton*, as we have had occasion to observe, after the manner of the Brazilians, yet it singularly happened that the continental term was soon entirely superseded by the erroneous designation, the word in use at this time being much the same in all the languages of Europe. The Danes call it *tobak*; the Dutch, *tabak*; the French, *tabac*; the Germans, *taback*; the Italians, *tabacco*; the Polanders, *tobaka*; the Russians, *tabak*; the Portuguese, *tabacco*; the Spaniards, *tabaco*; and the English, *tobacco*.|| The Tartars and Japanese likewise give it a similar name, but those people who use the Arabic language term it "*dokhan*, id est fumus," according to that most magnificent work on Egypt, "publié par les Ordres de sa Majesté l'Empereur Napoléon le Grand," as the title page informs us.¶

In old works it is not uncommon to meet the term *pæton*, and some writers, ignorant of its derivation, gravely trace it to the Greek word *πῆτον*,** thus seriously committing a folly, which old Joshua Sylvester, in his curious poem, does in jest, in regard to the word *tobacco*:

"Which of their weapons has the conquest got
Over their wits—the pipe or else the pot?
For even the derivation of the name
Seems to allude and to include the same:
Tobacco, τω βακχῶ one would say;
To cup-god Bacchus dedicated aye."††

Some of the other early names by which tobacco was distinguished, besides *pæton*, *yoli*, *yeltl*, *sayri* and *uppowoc*, were‡‡ *picielt*, *cozobba*, *gioia*, *dunkol*, *herba sanctæ crucis*, *herba reginæ*, *herbe a la reine*, *herbe a l'ambassadeur*, *herbe au grand prier*, *herba medicea*, *la buglose*,§§ and some others. Linnæus afterwards bestowed the title of *nicotiana*||| on the genus to which tobacco belongs, and as not only this designation,

* Essai Politique sur le Royaume de la Nouvelle-Espagne, tom. ii., p. 444. Paris, 1811, 4to.

† F. Hernandez's Nova Plantarum, Animalium et Mineralium Mexicanorum, Historia, &c. lib. v. cap. 51, p. 173. Rome, 1651, fol.

‡ Commentarios Reales que tratan de el Origen de los Incas, &c., p. 64. Madrid, 1723, fol.

§ Memoir of Columbus, &c. By D. G. B. Spotorno, p. 172, Doc. xxxvii.

|| J. R. McCulloch's Dictionary of Commerce, p. 1161. London, 1835.

¶ Description de l'Egypte, &c., tom. ii. p. 55. Paris, 1812, fol.

** Charlevoix's Histoire de l'Isle Espagnole, tom. i., p. 54.

†† Tobacco Battered and the Pipes Shattered (about their ears who idel idolize so base and barbarous a weed; or at leastwise overlove so loathesome a vanitie), by a volley of holy shot thundered from Mount Helicon, p. 56. London, 1614, 12mo.

‡‡ Asiatic Journal, August, 1826, Vol. XXII., p. 137. London.

§§ Dictionnaire Botanique. Par le Citoyen Lamarck. Paris, L'An iv. de la Republique, tom. iv., p. 477, 4to.

||| Genera Plantarum eorumque Characteres Naturales, n. 248. Lugd. Bat., 1737, 8vo.

but also several of the foregoing, are connected with curious incidents, I will consider them in a future No. of the Medical and Surgical Journal. I am aware that neither the present or the promised article will enable their readers to percuss like Piorry, or distinguish rhonchi like Louis; but to those who wish a moment's relaxation from treatises on diagnosis and prognosis, I hope they may not prove unacceptable.

EPIDEMIC ERYSIPELATOUS FEVER.—NO. VII.

By J. A. Allen, M.D., Middlebury, Vermont.

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 380.]

MEDICATION.—From the preceding nosological and pathological observations, it may have been apparent that, at least, epidemic erysipelatous fever naturally belongs to the class of "*self-limited diseases*"; that it possesses the essential character of an exanthem; that when the complaint has become established, all attempts to shorten or abridge its duration are of little or no consequence. In this particular, it is allied to its associates rubeola, rosalia, pestis, variola and typhus fever. However humiliating this conclusion may be, its truth, it must be admitted, is in accordance with the experience of the most observant practitioners. Its truth has been sanctioned and sustained by our distinguished and learned American writer, Dr. J. Bigelow, in his valuable discourse on "*self-limited diseases*." His views upon this subject have since been given in Vols. XII. and XIII. of the Boston Medical and Surgical Journal; and more recently, in his notes to Marshall Hall's Practice of Medicine.

At first, the admission of this principle may appear somewhat appalling, but it does not in the least diminish the value of well-directed efforts to mitigate and control the morbid phenomena. On the contrary, it enhances their appreciable utility by restraining undue expectations and by the prevention of the adoption of unjustifiable measures; and in rendering anticipations more likely to be realized. As the well-directed efforts of the firemen have often saved a whole city from conflagration by the extinguishment of the devouring element as it bursts out at different points, so in the disease which is the subject of these remarks, the judicious adaptation of therapeutic measures has often prevented much pain and distress, and saved even life itself. The skill of the mariner, also, may cause his vessel to outride the storm, though his agency cannot shorten its duration or mitigate its violence. Nor, in fact, is the importance and honor of the medical profession in any measure diminished by the admission of this position. The profession will always be elevated, exactly in proportion as it understands its own powers, and professes simply what it can accomplish. It is no derogation from its importance that its professors cannot control the events of life, health, sickness and death.

In the whole catalogue of human ailments, not one probably demands more sagacity and tact of the physician, or requires a more multifarious medication, than erysipelatous fever. The pathological condition of the

system at the time is the principal, and almost the only guide to the practitioner. Routine practice, either of the empiric or regular physicians, may cure some, but inevitably must hasten the fatal event of others. Each case ought to be subjected to rigid clinical examination, and each of its morbid phenomena separately noticed, and the whole considered detached from all other cases, except so far as related to the general character of the prevailing disease; and more especially, if the case be of much severity. The examination must often be repeated, otherwise the remedial measures cannot be adapted to the existing character of the complaint. In the course of one, two, or three hours, I have seen a whole train of morbid phenomena entirely changed. Occasionally, an affected vital organ has been relieved by a metastasis of the local erysipelatous affection to the surface, and, on the contrary, an external erysipelatous inflammation, by repercussion, has suddenly seized a vital organ, as the brain, the lungs, or some of the abdominal viscera, thereby portending the most unfavorable termination. Practical experience demonstrates, as well as common sense shows, that the system in each of these abnormal states cannot tolerate with safety, much less require, the same routine of medication. The pathological practitioner will often find, however apparently paradoxical it may at the moment appear, that the same morbid depressed or excited state of the system may arise from causes which are directly opposite in their natures, and which for their successful removal require agencies which are equally antagonizing and diverse. Some instances in illustration of this principle will subsequently be adduced.

To dis sever or control the catenation of diseased action, every state of the human system has its appropriate therapeutic demand, and to each state the suitable remedial agent must be properly adapted. Boerhaave has long since averred, that *in medicine there is no remedy except that which becomes such by adaptation*. The correctness of this precept in the affection under consideration, cannot be infringed or suffer any violation with impunity. I have seen some, and been informed of other instances, in which the untimely application, even of an epispastic, during the inflammatory period, if it did not produce, obviously hastened, the fatal termination. The human machine, it has been quaintly remarked by Mr. Hunter, is neither a mill-hopper nor a retort, through which, especially in an abnormal condition, all kinds of ingredients can pass without harm. And yet, so great is the tenacity with which life clings to this clayey tenement, that it sometimes sustains its hold against the encroachments of disease and the improper measures which are used for its removal. Reputed great cures are sometimes greater escapes from the remedies than from the disease.

Can the disease be arrested at the accession? That the disease at its onset is susceptible of being arrested, is in accordance not only with my own experience, but with that of many of my medical friends. This must be taken in a limited sense. Every case cannot be arrested by any management whatever; others can be prevented from the subsequent course of disease.

It is an admitted position, that a person may be exposed to the infection of a contagious disease, and afterwards, if he be not exposed to some of the exciting causes, as fatigue, &c., its influence will not be experienced. I have several times witnessed the truth of this principle. Persons after exposure to the measles, for instance, have passed several weeks, when from over-exertion or other causes they have become indisposed and finally had their exanthem. In respect to the disorder under consideration, a check and subsequent exemption may be extended to the first stage of the invasion. To accomplish this desirable object, after the seizure the sooner the remedial measures are adopted, the greater the promise of a successful issue. Time is now everything. The measure which at this period may sever the chain of febrile commotion, will soon, by delay, become inefficient, or useful only to control the morbid actions as they will be developed. The measures demanded to arrest the complaint will vary with the existing morbid condition of the system. These must all conspire to remove the *chills, rigors, febrile heat, or local engorgement* and pains present. As a general principle, there has no one means been attended with more uniform success than a free and universal sweat. To insure its most beneficial and salutary results, it must be uniformly extended over the whole body, and be induced by mild agencies of neither too heating nor stimulating character. There must neither exist local engorgement, nor remain a too high grade of pyretic action. The patient should be placed in a favorable and easy condition, the temperature of the room being kept at about 70 deg. Fahr., the system prepared, and the means used ought then to be of a soothing and quieting kind.

Diaphoretics.—Before commencing the sudorific process, if the patient have a cauma or local congestion of an internal organ, either of these must be removed; otherwise the danger will be unavoidably augmented by the very means which would have accomplished its removal. The human machine, although it be subject to the laws of vitality, and under the influence, to a certain extent, of chemical affinity; like every kind of mechanical machinery, if an obstacle thwart any of its regular operations, it will not tolerate an augmentation of power without the risk of a break or lesion of some or many of its parts. The prudent mill-wright, in lieu of letting the water fall in full torrent on his wheel, when perchance a log may have prevented its regular revolutions, would first remove the obstacle, lest he might by the increase of power spoil his machinery. The judicious and discreet physician cannot be less careful of the human machine than the practical miller is of the subject of his operations.

Having arrived at the instant of the attack, during the cold stage, and having ascertained that no internal organ is in a state of capillary congestion, I have usually attempted to promote a steady and uniform diaphoresis. The effect of this process tends directly to equalize and diffuse the action of the sanguiferous and capillary systems, which not only at this period of the disease, but during its whole duration, are objects never to be neglected. Like its kindred associates, *pestis* and *rosalia*, its natural tendency is to *some local congestion*; differing, it may be, *more in the*

place, than in the essential generic character. The specific difference is obvious. The local manifestations in pestis are buboes in different glands, ordinarily of the inguinal; and in rosalia, tumefaction or local inflammation, with congestion about the fauces; but in erysipelatous fever the specific manifestation may invade any and every part of the system. To prevent, if possible, if not to control the violence of this local affection, is of the utmost importance.

[To be continued.]

RESEARCHES ON INANITION.—ARTIFICIAL HEAT IN FEVERS.

[THE last number of the British and Foreign Medical Review contains a notice of a new work by Dr. Chossat, of Paris, which comprises the results of many hundred experiments on animals subjected to the partial and total deprivation of food and drink. We have room only for a brief analysis of Dr. C.'s views of the immediate cause of death in the animals experimented upon.]

Desirous of testing the correctness of his idea that the cooling of the body is the immediate cause of death, M. Chossat tried the ingenious experiment of placing animals, whose death seemed impending, under the influence of artificial heat; and the result of this trial was very remarkable. In every instance he delayed subjecting the animals to this influence, until his experience of their state led him to believe that their death must be very near; and in several cases the animals died whilst he was performing the process of weighing, &c., preparatory to placing them in the *rechauffoir*. The result was in general to restore those yet alive, from a state of insensibility and want of muscular power, to a condition of comparative activity; their temperature rose, their muscular power returned, they flew about the room, and took food when it was presented to them; and, if the artificial assistance was sufficiently prolonged, and they were not again subjected to the starving process, most of them recovered. If they were left to themselves too early, however, the digestive process was not performed, and they ultimately died. Up to the time when they began to take food, their weight continued to diminish; the secretions being renewed, under the influence of artificial heat, sometimes to a considerable amount. It is not until digestion has actually taken place (which is commonly many hours subsequently to the ingestion of the food), that the animal regains the power of generating heat; up to that period, the heat which its body has acquired from external sources, is lost as soon as ever the supply fails; and thus M. Chossat lost many animals by the accidental cooling of his stove during his absence. It is to be remembered that, in these instances, the resources of the body are on the point of being completely exhausted, when the attempt at re-animation is made; consequently it has nothing whatever to fall back upon; and the leaving it to itself *at any time* until fresh resources have been provided by it, is consequently as certain a cause of death, as it would have been in the first instance.

In the application of heat to bodies of larger size than the small animals experimented on by M. Chossat, it is to be remembered that a longer time will be necessary for them to become equally affected by it ; and means should be taken to apply it more effectually. The warm bath, and, still better, the contact of warm solid bodies with a large part of the surface, should be employed in preference to simple heated air. The same rule applies to the case of children born so prematurely as to require artificial modes of sustaining their heat. In one of the most remarkable of these upon record, it was soon found that no means of applying the warmth were so effectual as contact with the warm body of another person ; and by relays provided for the purpose, this was maintained almost uninterruptedly during the first three weeks of the infant's extra-uterine life. It was observed that, when this was intermitted for the purpose of changing the dress, the child's powers immediately began to flag ; although the operation was conducted before a fire, and consequently in an atmosphere at least as hot as its own body.

The memoir concludes with some remarks by M. Chossat on the frequency of *inanition* as the real cause of death, in various exhausting diseases. Upon this point we feel much inclined to agree with him ; especially since his inquiries upon insufficient alimentation have shown, that this produces effects precisely the same in character with those resulting from complete deprivation of food, though somewhat more tardy in their appearance. It is especially, perhaps, in those forms of febrile disease, in which no decided lesion can be discovered after death, that this view has the strongest claim to reception ; and it is here, too, that its practical applications may become most important. For if, as we have good reason to believe, the morbid cause is temporary in its influence, it follows that if we can sustain the system, until it has passed away, the patient who would otherwise have sunk under it may recover. By way of analogy, we may refer to those cases of narcotic poisoning, in which recovery has been due to the artificial maintenance of the respiratory process, during the period when it would have been checked by the narcotism. Now we cannot support the system in fever by *aliment*, for this would not be digested, even if it were taken into the stomach. But we well know the beneficial effects of alcohol in its advanced stages ; and the large quantity of this stimulus that may be administered in many cases of fever, is a matter of familiar experience. Now admitting that its beneficial operation is partly due to its specific effect upon the nervous system, we cannot help thinking that we are to regard it as also resulting from the new supply of combustible material, which is thus introduced in the *only* form in which it can be taken up by the vascular system.

Now if there be any truth in these views, there is an obvious deduction from them, of the highest practical importance, viz., that in the advanced stages of fever, when death seems impending, we should endeavor to ward it off by a liberal supply of artificial heat. We have already seen the extraordinary results which this produced upon M. Chossat's starved pigeons and turtle-doves ; and we see no reason why similar beneficial results should not present themselves in the case of patients *inani-*

tiated by fever, though they will be, of course, greatly modified by the morbid cause, so long as it remains in the system. We would earnestly suggest a trial of this expedient, which the simple hot-air bath, now used in many of our hospitals, will readily permit, to those of our readers who may have the opportunity of putting it in practice. We do not *promise* success; but we think that we have shown good physiological grounds, why it may be reasonably expected. We should warn them, however, that the continuance of this external aid for a few hours, or a day or two, is by no means sufficient; but that it must be afforded until the digestive powers are sufficiently re-established to afford the requisite support to the system through the legitimate channel.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 19, 1844.

Insanity an Apology for Crime.—Nothing is more common, in the courts of law, than apologies and pleadings in behalf, of criminals on account of their supposed insanity. There is no crime committed which does not elicit sympathy somewhere, because it is believed that the accused never would have been guilty of the criminal act were he in a sound state of mind. This feeling, and its bold expression by philanthropists, is honorable to humanity; indeed, it is based on the broad foundation of christian charity, that is inculcated by our holy religion. But because this disposition to apologize exists, it by no means establishes the fact that all who are arraigned for misdemeanors and infractions of the civil code, are insane. Nor, indeed, are we to believe any of them are, till a most thorough investigation has been made into all the circumstances, and the character, habits, moral tone, health and pursuits of the accused, weighed in a just balance by competent judges. The question arises, who are the competent advisers? Whose testimony should be relied on by judges and juries?

About twenty-five years ago, Trask, a notoriously wicked man, whose whole life, as far as known, had been one uninterrupted tissue of vice and crime, murdered a colored fellow convict, in the Massachusetts State Prison. For this he was tried, and convicted of murder. He was placed in the Boston jail, but not then sentenced. For the sake of having the bible read to him, two debtors were admitted to the same apartment. In the midst of their sympathizing efforts, without the least provocation, and with a concealed instrument, Trask fell upon the two men in the evening, and wounded them in a shocking manner, before their cries brought relief from the guard. He would have killed them outright, beyond all doubt, had not assistance been afforded. As it was, they both died within a few days. To all intents and purposes, these innocent men were murdered, and we fully believe it was premeditated by Trask for the sole object of saving his own life. He probably reasoned thus. As matters stood, his execution was unavoidable. By killing the two room-mates, for whom the whole public would say he could not have entertained either ill will

or prejudice, he had a chance, and the only one that could be devised, of saving himself. His reasoning was logical, nor did he mistake the opinion of the horrified public. That Trask was positively insane, was fully believed by the world; and the Supreme Court decided the question in the same manner. In a word, the criminal was considered not morally responsible, being a lunatic; yet the security of society demanded that he should be securely imprisoned, and for eleven or twelve years in succession, he was the tenant of one cell, where he employed himself in various little pieces of mechanical ingenuity. That he constantly meditated an escape, is quite certain, from the circumstance that he secreted instruments and managed his irons in a manner that required frequent inspections to counteract any such movement. In process of time, the insane hospital at Worcester was completed, and Trask was removed to that institution for security, and, as contemplated by the theory of legal benevolence, for mental restoration. He soon bid farewell to Dr. Woodward—and it has never been ascertained whither he went or where he now abides.

From the very beginning of Trask's atrocities, we believed him perfectly sane. All the while he remained in the Boston jail, we felt confirmed in the belief that his patience, indomitable perseverance, and wonderful secretiveness and imitation, would ultimately enable him to triumph and regain his liberty—and he accomplished it.

One of the last cases of a marked character in Massachusetts, was that of Rogers, arraigned for the murder of Mr. Lincoln, warden of the State Prison. He was also removed to the Worcester Hospital, where he came to a violent death by leaping from a window, only a few weeks since. From a personal knowledge of his temperament, secretiveness, and almost undying determination to carry any point which he decided upon, very many entertain no doubt of his purpose to escape; and the leap from the window, possibly, was for that very object.

We invite our correspondents to write on this great subject, *insanity an apology for crime*, for the purpose of collecting facts from responsible sources, and adding to the stock of medical jurisprudence in New England.

Trial for Malpractice.—The following letter came at an hour so late that we have found it really inconvenient to give it an insertion in to-day's Journal. However, a desire to give publicity to facts which may be of service, and to show the writer that we have no personal feeling in the matter, induces us to present it to the readers of the Journal, with some unimportant omissions. It is unnecessary to say that our former remarks had no reference to Dr. Barrett, and we were not then aware that he was in any way connected with the case.

"Sir,—An article appears in the Boston Medical and Surgical Journal, of May 29th, 1844, under the caption, 'Prosecution for Malpractice,' referring to the long-pending suit in the case of Nelson *vs.* Colby, &c.

"In the communication alluded to, you are pleased to make the following assertion. 'Since the last trial, Mrs. Nelson has died, and some bones, *said to have been those of the patient*, have been carried as far as New York, for the examination and opinions of surgeons.' Now inasmuch as Mrs. Nelson was a patient of mine up to the period of her decease, viz., from May 3d to December 31st, 1842, inclusive, I consider it my duty

to reply to the above, feeling it to be, according to its present version, an attack upon my professional reputation. Mrs. N. died on Saturday, December 31st, 1842, at 11, P. M., of 'gangrenous erysipelas.' On the following day, Sunday, January 1st, 1843, I visited the family of the deceased, and proposed on the morrow a *post-mortem* examination. Feelings of affection and sympathy, at first thoughts of my proposition, induced the family to object; but on my suggesting to Mr. Nelson, that it was due to himself and family, and due, above all, to Dr. Colby, that such an examination should take place, inasmuch as an opportunity now presented itself of coming at the facts, and in fine bringing the matter to a nutshell compass, consent was obtained; and I lost no time in waiting on Dr. C. in person, and requesting his attendance. The sectio-cadaveris was made at noon of January 2d, 1843, in the presence of Drs. Colby, Kendall, Richmond, Breaden and myself, together with Messrs. Newcombe, Lindsay, Holt and General Cushman of Guildhall. Dissection was made at my request, by Dr. Richmond, of the femur, and removed at the upper third. The bones were carefully examined by each individual present, and were privately noted. They were then handed over to me, and placed in my care to be cleaned. They remained in my custody until the evening of the 7th of May, 1843, when they were delivered over to Major W. R. Andros, a gentleman of unimpeachable veracity and integrity, in the presence of Col. E. G. Johnson, P. M. of Derby Line, and Messrs. French, Nelson and Winn, to be taken by him (Major A.) to New York for examination. I did not see the bones again until some time in the month of November, when they were shown to and submitted to an examination by those who were present at the *post-mortem* examination, the whole of whom, without a moment's hesitation, pronounced them to be the same bones as those taken from the body of Mrs. Nelson. I have never seen them since. In conclusion, I would say that on the day, and on the day after the *post-mortem* examination, and also at subsequent periods, *private marks* were placed on the bones by men of veracity and standing in the town of Derby, which marks were instantly recognized after the lapse of several months—and that, too, after a section had been made of the bones by a very eminent surgeon residing in New York city.

I am, Sir, your ob't serv't,

Hallowell, Me., June 5, 1844.

CLEMENT B. BARRETT.

Effects of Strychnine on the Bladder.—A correspondent at Salem, Mass., calls our attention to several cases of the use of strychnine in paralysis of the bladder, in addition to the case referred to by Dr. Woodward in a late number of this Journal. He says, "An article on the use of this powerful agent, in which its effect on the bladder is enumerated among other properties, may be found in Bell's Medical Library, Philadelphia, January, 1839, Vol. III., No. 3. Several cases have also been reported in that admirable periodical, the Medico-Chirurgical Review. In the Dispensatory of the United States, by Drs. Wood and Bache, under the article *nux vomica*, it is stated that it has frequently effected cures in palsy of the bladder, incontinence of urine from paralysis of the sphincter, and other cases of partial palsy. The credit of first using strychnine in paralysis of the bladder, followed by incontinence or retention of urine, belongs to Professor Ler Chiari, of Bologna, who com-

municated his cases and results to the medical public in *Bulletino delle Scienze Mediche di Bologna*."

American Manakins.—From the complimentary notice of the Messrs. Hyatt's manakins, at Rochester, N. Y., it is evident that they are very successful in their new kind of business. Dissections made by Dr. J. U. Winslow, of that city, have been accurately copied in plaster, and when painted skilfully, are represented to be exceedingly beautiful imitations of nature. A writer asserts, in a late Rochester paper, that a manakin recently finished at the establishment of Messrs. Hyatt, "for scientific and mechanical ingenuity, is not excelled, even by the French, while for faithful coloring and anatomical accuracy, it is decidedly superior. It represents the vascular, nervous, absorbent, muscular and osseous systems, together with the cranial, thoracic and abdominal viscera, in their absolute and relative position." This is high praise, and increases a desire to have duplicate specimens of their work placed on sale in Boston. If equal to the French, they should certainly have the preference—and if superior, they would soon monopolize the market.

Castleton Medical College.—We are requested to state that a degree was never conferred on Mr. Murphy, at the Castleton Medical College, as announced in the *Journal* some few months ago. We are happy to correct the mistake, and feel indignant that any correspondent should have imposed upon us in that manner.

TO CORRESPONDENTS.—The criticisms on Dr. Wright's case of ruptured uterus, from a correspondent in Maine, are inadmissible.—The writer of cases of wounded joints omitted, probably through inadvertence, to attach his name to them.

MARRIED.—At Salem, Joseph Poland, M.D., of South Reading, to Miss Emily C. Phelps, of Gloucester.—In Frankfort, Me., Dr. Samuel H. Tewksbury, of Frankfort, to Miss Diana E. Shaw, of Oxford.

DIED.—At Miami Township, Ohio, Dr. Stephen Wood, 83.

Number of deaths in Boston for the week ending June 15, 29.—Males, 16; Females, 13. Stillborn, 3. Of consumption, 4—dropsy, 3—dropsy in the brain, 2—scarlet fever, 5—accidental, 1—erysipelas, 1—marasmus, 1—intemperance, 1—cholera morbus, 1—tumor, 1—child-bed, 3—inflammation of the lungs, 1—disease of the heart, 1—infantile, 1—inflammation of the bowels, 1—measles, 1—scald, 1. Under 5 years, 13—between 5 and 20 years, 12—between 20 and 60 years, 12—over 60 years, 2.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

May.	Therm.	Barometer.	Wind.	May.	Therm.	Barometer.	Wind.
1	from 50 to 78	from 29.33 to 29.47	S W	17	from 56 to 58	from 29.20 to 29.48	N E
2	58 72	29.22 29.26	S W	18	50 53	29.31 29.45	S W
3	54 73	29.19 29.29	S W	19	43 60	29.43 29.53	W
4	54 73	29.18 29.20	N E	20	48 54	29.26 29.55	S E
5	49 66	29.22 29.29	S W	21	52 58	29.13 29.47	N W
6	51 74	29.05 29.32	S E	22	35 68	29.61 29.72	N E
7	52 59	28.94 29.20	S W	23	40 72	29.72 29.74	S W
8	46 74	29.30 29.36	S W	24	48 83	29.64 29.72	W
9	52 63	29.33 29.51	W	25	52 84	29.41 29.56	S W
10	45 70	29.71 29.78	N E	26	46 64	29.27 29.41	S E
11	48 52	29.30 29.64	S W	27	60 77	29.21 29.24	S W
12	54 64	29.00 29.16	W	28	60 76	29.18 29.21	W
13	40 66	29.41 29.58	N W	29	58 75	29.24 29.33	N W
14	48 52	29.56 29.60	S	30	46 73	29.37 29.42	S
15	47 74	29.50 29.60	W	31	56 66	29.12 29.24	S E
16	51 59	29.26 29.38	S W				

Range of Thermometer has been from 35 to 84. Barometer has ranged from 28.94 to 29.78. The amount of water fallen during the month has been 3.67 inches. Apple trees in blossom on 2d; tulips, 8th; Russian rose, 15th. White frost on the 21st.

The Neapolitan Phlebotomist.—The taste for bloodletting is universal at Naples. On every the slightest indisposition, or fear of indisposition, all men, women and children, run to the *Salassatore*, or phlebotomist, to have a little blood drawn from the back of their hand; so that there is not a lad or a young girl of 10 or 12 years of age whose hands do not bear testimony to the repeated applications of the *Salassatore's* lancet. For a faith which has not a single heretic in the community, of course there is a priesthood—a numerous priesthood. The number of educated medical men would never suffice to perform its offices. This has led to the establishment of a special corporation, whose business it is to handle the lancet, and attach the leech. The phlebotomists have therefore establishments in every street, in every open place at Naples. How often have I paused before the singular insignia by which the shops of these priests of the lancet are distinguished! Imagine to yourself the figure of a man, naked as when he dwelt in paradise, but spirting forth from every vein which steel can reach parabolic jets of blood, an ample pool of which is at the same time collected on the ground. Imagine further, by the side of this awful figure, the effigies of the artist appropriately habited, lancet in hand, and on his knee before his work, like Pygmalion before his statue, and you will have a notion of the way in which the *Salassatore* here brings the fine arts to his assistance! I was curious to penetrate into one of these sanctuaries of minor surgery, and see its priest close at hand, and seeking some pretext for my intrusion, I demanded a few leeches. I found the phlebotomist at the further extremity of his shop, gravely extended upon a settee of straw, and waiting for a customer with that Neapolitan indifference which resembles at once indolence and sleep, or is in fact a mixture of the two. The shop was poorly furnished, but the walls were occupied from the floor to the roof with a frame-work of little compartments or pigeon holes, filled with compresses and bandages rolled neatly up. I ventured a question on the subject, and learned with amazement that each compartment represented a *customer*, whose fillet and compress were there in readiness. I stepped back a pace, before the sanguinary statistics which the answer of the Neapolitan *Salassatore* presented to my mind's eye, and did justice at length to the *moderation* of our Parisian phlebotomists who draw blood on the *coup sur coup* system! —*M. Carrié, in Gaz. Méd. de Paris, No. 13, 1844.*

Dr. Dewees's Residence in Mobile.—Many of our readers have the name of Dewees so intimately associated with Philadelphia, as the theatre of those labors which finally made him the first man of America, in his line, that they may be surprised at the head line of this paragraph. In writing it I feel that I am but discharging a filial duty, for I was his pupil through the winter of 1805-6. It will be recollected, that after an apoplectic attack a few years before his death, he emigrated to this city, in the hope that its mild climate might renovate his crippled brain and nervous system. He immediately became the consulting physician of the place, and patients were brought to him from the interior, from Pensacola, and even New Orleans. Change of scene and climate, with these gratifying manifestations of confidence in his skill, renovated his hopes, but failed to restore either his former health or mental power.—*Dr. Drake's Travelling Letters, in Western Journal.*